

Attendance and Continuing Education Form

Diabetes Telehealth Program

Location: _____

Attendance number: _____

Date: _____

Fax this form to
(801) 538-9495

PLEASE PRINT LEGIBLY

Check for certificate*	Print Name & Credentials**	Email Address (to join listserve, circle your email address)	Job Title	Phone Number
			Organization	

* Certificates are emailed, but hard copies can be mailed by request. Remember to submit an evaluation form or take the pre/post-tests.

** Indicate credentials so the appropriate number of hours can be included on your certificate (RN = 1.5 hours, RD = 1.0 hour, Other = 1.0).